

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE		EFFECTIVE DATE 10/30/1995	NUMBER 02.04.110
SUBJECT CONTROL OF TUBERCULOSIS IN EMPLOYEES		SUPERSEDES DOM 1995-35	
		AUTHORITY MCLA 791.203; Michigan Occupational Health Program Directive No. 94-1	
		ACA STANDARDS 3-4365	
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POLICY STATEMENT:

The Department shall have a program in place to prevent the transmission of tuberculosis (TB) in employees which is consistent with guidelines of the Centers for Disease Control and Prevention and with federal and state requirements.

RELATED POLICY:

03.04.110 - Control of Communicable Diseases

REFERENCES:

Centers for Disease Control and Prevention. Control of Tuberculosis in Correctional Facilities. A Guide for Health Care Workers. 1992.

Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994, MMWR October 28, 1994; 43; No RR-13.

POLICY:

DEFINITIONS

- A. Employee - Includes full-time and part-time employees and contractual staff, including staff of the Department of Mental Health (DMH) who work in a Correctional Facilities Administration (CFA) facility.
- B. Mantoux tuberculosis skin test - An intradermal injection in the surface of the forearm of 0.1 ml purified protein derivative (PPD) containing 5 tuberculin units.
- C. Positive skin test - A tuberculin reaction of 10 mm or more in induration is classified as positive for all persons, except a tuberculin reaction of 5 mm or more in induration is classified as positive in persons who are close contacts of a person with active TB, persons with stable chest radiographs (x-rays) with fibrotic lesions likely to represent old healed TB, or persons with known or suspected HIV infection.
- D. Regular Prisoner Contact - Direct contact with prisoners on a daily, or almost daily, basis.
- E. Skin test conversion - An increase in induration greater than or equal to 10 mm within a two year period is classified as significant for persons less than 35 years of age. An increase in induration greater than or equal to 15 mm within a two year period is classified as conversion to a significant test for persons 35 years of age and older.

GENERAL INFORMATION

- F. Testing of new-hires and current employees for TB shall occur as described in this policy. Administration and interpretation of the Mantoux tuberculosis skin tests and periodic evaluations shall occur at no cost to the employee. The local personnel office shall ensure that employees with a positive skin test, skin test conversion on repeat testing or who exhibit symptoms of TB receive evaluation and management at no cost to the employee. Medical costs not covered by insurance may be reported to

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the local personnel office and shall be reimbursed by the Department.

- G. The Bureau of Health Care Services (BHCS) shall be responsible for administering and reading TB tests for employees. The results of the tests shall be forwarded to the employee's personnel office by the BHCS. Employees working at sites not equipped with a Department health care clinic shall receive testing by a Department health care clinic as designated by the Deputy Director of Administration and Programs. Employees may elect to receive testing from their personal physician or the local health department at their own expense. Family members and significant others choosing to undergo TB testing must do so at their own expense.
- H. National Institute for Occupational Safety and Health (NIOSH) approved high efficiency particulate air (HEPA) respirators shall be used in the following circumstances:
 - a. When an employee enters a room where a prisoner with suspected or confirmed infectious TB disease is isolated;
 - b. When an employee performs a high hazard medical procedure on an individual who has suspected or confirmed TB disease;
 - c. When emergency medical response personnel or others must transport a prisoner with suspected or confirmed TB disease in a closed vehicle.
- I. The Chief Medical Officer of the BHCS shall be notified immediately by the applicable personnel office of any active cases of TB, and within three (3) business days of the number and names of employees who have a positive skin test or a skin test conversion. In addition, Occupational Safety and Health Administration (OSHA) requires that any TB skin test conversion or active case of TB be reported on the OSHA 200 log. Wardens, Field Operations Administration (FOA) Regional Administrators, the Special Alternative Incarceration (SAI) Administrator and the Personnel Director shall ensure this information is recorded on the OSHA 200 log as appropriate.

TUBERCULOSIS CONTROL AND RESPIRATORY PROTECTION PLANS

- J. The Environmental Affairs Unit in the Physical Plant Division of Administration and Programs shall develop a respiratory protection plan which shall be used by all CFA facilities and FOA corrections centers, Technical Rule Violation (TRV) centers, and SAI facilities. The plan shall identify positions requiring respiratory protection training (e.g., health care staff working in Reception Centers, transportation officers transporting prisoners with suspected or confirmed TB) and training shall be provided as set forth in Paragraph FF.
- K. The Chief Medical Officer shall act as Chair of the Department's Infectious Disease Control Committee, which shall develop a Tuberculosis Control Plan. The Plan shall be approved by the Director and distributed to all facilities. The warden for CFA facilities, the FOA Regional Administrators for corrections centers and TRV centers, and the SAI Administrator shall appoint a TB coordinator who shall be responsible for implementation and monitoring of the TB Control Plan at that facility.
- L. The Chief Medical Officer shall appoint an Infectious Disease Coordinator in the BHCS, who shall be responsible for providing oversight of infectious disease, recommendations for policy, consultation for prevention and treatment, and epidemiological follow-up.
- M. The regional medical directors, in consultation with the Chief Medical Officer, shall ensure that appropriate control measures are in place for each facility based on risk assessment for TB. The nurse manager of each facility, in consultation with the Department's Infectious Disease Coordinator, shall ensure that there is at least annual risk assessment for TB in the facility.

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MEDICAL SCREENING - NEW HIRES

- N. Personnel officers shall ensure that as part of the pre-employment screening process each applicant for a position with regular prisoner contact (including those with a history of Bacillus of Calmette and Guerin (BCG) vaccination) receives a Mantoux tuberculosis skin test, which consists of two-step testing with one week between tests. Applicant includes contractual employees and current Department employees transferring to a position with regular prisoner contact from a position without such contact.
- O. If the applicant reports a previous positive TB test, written medical documentation must verify the following:
 - 1. A previously positive reaction; or
 - 2. Completion of adequate preventive therapy or adequate therapy for active disease.
- P. An applicant shall be offered a position only on the condition that his/her skin test is not positive. The local personnel office shall suspend an offer of employment if the skin test is positive pending receipt of medical documentation from the applicant's personal physician or local health department that s/he does not have active TB. If the applicant's personal physician determines that the applicant has active TB, or if the applicant fails to return with medical documentation within 30 calendar days, the personnel office shall rescind the job offer.
- Q. An applicant with active TB shall be notified by the local personnel office that s/he may be reconsidered for employment after medical documentation is produced by the applicant indicating that s/he is no longer infectious.
- R. If an applicant who has been offered employment provides medical documentation that s/he is receiving preventive treatment for TB infection, s/he shall be allowed to begin work and shall provide medical documentation to the local personnel office upon the completion of preventive therapy. Failure to provide documentation of successful completion of preventative therapy shall result in termination of employment.
- S. Pre-placement testing information shall be documented by the local personnel office and shall be placed in the applicant's medical file. The information also shall be entered on the secured database in the personnel office.

MEDICAL SCREENING - CURRENT EMPLOYEES

- T. The local personnel office shall ensure that all employees who have regular prisoner contact receive a Mantoux tuberculosis skin test annually. Skin test results shall be recorded in the employee's confidential medical file and entered on the secured database. Employees not required to be tested who are in a position where they have some prisoner contact, including Central Office positions, may voluntarily request to be tested. Any employee who may have been exposed to another employee or prisoner with active TB shall be tested.
- U. An employee with regular prisoner contact who has a documented history of a positive TB test or adequate treatment for disease or preventive therapy for infection shall be exempt from further skin test screening. However, an annual screening for the symptoms of TB shall be done.
- V. In facilities and work-sites which are designated as high risk by the Chief Medical Officer, the warden, FOA Regional Administrator or SAI Administrator, as applicable, shall ensure that employees are offered a follow-up TB skin test as often as recommended by the Chief Medical Officer, as set forth in Paragraph M.
- W. The personnel office shall instruct an employee with a newly recognized positive skin test or skin test conversion, but who displays no symptoms suggestive of TB, to go to his/her local health department or

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personal physician for evaluation of clinically active TB. The employee shall provide to his/her personnel office within ten working days medical documentation that s/he is not infectious. The employee may continue working during this period. However, if documentation is not provided within ten working days, the employee shall be suspended without pay until such documentation is provided.

- X. If an employee's skin test status changes, other employees assigned to the same work area or group, and prisoners if applicable, shall be tested to determine if there is additional evidence of transmission in the area. The Chief Medical Officer and Regional Medical Director shall be notified and shall conduct an investigation to determine if TB infection is prevalent in the work place and to identify the potential source.
- Y. If it is suspected that a contagious condition exists, the Regional Medical Director shall notify the warden, FOA Regional Administrator, SAI Administrator or the Personnel Director who shall notify the appropriate union(s) of the possible contagion, the isolation steps to be taken, if any, and medical precautions which will be required to avoid further contagion. The warden, FOA Regional Administrator, SAI Administrator or Personnel Director also shall ensure that all health and safety reporting requirements of applicable labor agreements are met when a contagious condition exists. In addition, the Regional Medical Director shall notify appropriate public health officials at the local health department.

EMPLOYEES WITH TB INFECTION OR DISEASE

- Z. The personnel office shall immediately send an employee with a newly recognized positive skin test or skin test conversion and who now displays symptoms suggestive of TB, or an employee with a previously known positive skin test who now displays symptoms suggestive of TB, to his/her local health department or personal physician for evaluation of clinically active TB. The employee shall be placed on administrative leave for the remainder of the shift and shall not return to work until a written statement is provided to the personnel office from a physician or local health department which states that the employee is not infectious. Administrative leave shall be granted only for the shift which the employee's symptoms are first recognized; subsequent absences shall be handled as set forth in PD 02.02.100, Time Utilization and Compensation.
- AA. The personnel office shall ensure that an employee who has active TB receives a medical evaluation and provides written documentation of that evaluation, which includes information that the employee is receiving adequate therapy, his/her cough is resolved and the employee has three consecutive negative acid fast bacillus (AFB) sputum smears collected on different days before returning to work. This routinely takes a period of two to four weeks; however, each person shall be evaluated on an individual basis.
- BB. At the close of therapy, the employee shall provide medical documentation that s/he has a negative AFB sputum smear. The Chief Medical Officer may request interim specimens if necessary. This medical documentation shall be maintained in the employee's medical file.
- CC. An employee with TB disease who discontinues treatment before the recommended course of therapy prescribed by the treating physician has been completed shall not be allowed to return to work until treatment has resumed, adequate response to therapy is documented by the treating physician and the employee has three negative AFB sputum smears collected on different days.
- DD. Employees receiving preventative treatment for TB infection shall be allowed to continue all usual work activities.

CONFIDENTIALITY OF MEDICAL SCREENING AND TEST RESULTS

- EE. All screening and test results of new hires and employees shall remain confidential. Under no circumstances shall an individual's name be made public or announced to other staff if s/he has a positive TB test, skin test conversion, or exhibits symptoms suggestive of TB, except as required by this

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policy.

TUBERCULOSIS EDUCATION, TRAINING AND COUNSELLING

- FF. The Training Division, in conjunction with the work-sites, shall provide education about TB to all new employees within 30 days of hire. Annual training and counseling also shall be required for staff in positions with regular prisoner contact, and offered annually to other employees, on the potential risks of TB transmission, including information regarding the risk if immunocompromised; signs and symptoms of TB disease; medical surveillance and therapy; and site specific protocols, including the purpose and proper use of controls; and fit testing for HEPA respirators for identified staff. The Training Division also shall provide information regarding infection control recommendations to minimize the risk of exposure to infectious agents.

OPERATING PROCEDURE

- GG. The Central Office Personnel Director shall ensure that a Department-wide operating procedure necessary to implement this policy is in effect within 60 days of the effective date of this policy.

AUDIT ELEMENTS

- HH. A Primary Audit Elements List has been developed to ensure compliance with this policy by providing staff with a tool for self auditing. The list shall be used by the Chief Medical Officer, medical directors, wardens, FOA Regional Administrators, SAI Administrator, the Training Administrator, personnel officers and the Personnel Director for auditing purposes on an annual basis, unless more frequently required by the Director or Deputy Director, and the documentation shall be retained on-site and in accordance with the Retention and Disposal Schedule, or three years if not addressed in the Retention and Disposal Schedule, and made available to the Internal Auditor when requested.

KLM:OPH:10/06/95